

2d. The degeneration existed below the established and complete collateral circulation.

3d. The vasa vasorum are not derived from the vessels to which they are distributed near their points of distribution. Hence the embolus could not account for the diseased condition the first few inches below the limit of obliteration. The collateral circulation in this instance was by two routes, neither of which followed the channel laid down by anatomists as the proper means of communication after ligation of this artery.

The anastomotica magna (given off within Hunter's canal) very much enlarged and tortuous in its course, divided, as is frequent with this vessel, into its deep and superficial branch. The deep branch was the one interested in this instance.

Passing downward and to the inner side of the patella, instead of anastomosing with the internal articular branches of the popliteal and through these with the recurrent branch of the anterior tibial, the vessel became very superficial, turned downward, following the inner edge of the tibia, and at a point ten inches in a direct line from its origin, it inosculated with two muscular branches of the posterior tibial, the largest of which was derived two and a half inches above, and the other about five inches above the ankle-joint.

The second route, much smaller than the first, was through a vessel derived from the femoral, *i. e.* (the superficial femoral) one inch above the upper end of Hunter's canal. This branch passed downward and to the outer side of the popliteal space and anastomosed with a branch from the popliteal artery which is usually distributed to the superficial structures of this region. The origin of this small and ordinarily insignificant branch limited the obliteration below, while the anastomotica magna was the upper limit. No injection matter could be discovered in any other vessels. All the articular branches of the popliteal were lost but one. There was no appreciable difference in the size of the two legs. No cicatrix or indications of previous ligation.

The specimen is now the property of the Wood Museum of the Bellevue Hospital, a splendid collection, the gift of Prof. Jas. R. Wood, of New York City, to the profession.

NEW YORK CITY, Oct. 12, 1875.

ART. XIII.—*Case of Hysteria simulating Progressive Locomotor Ataxia.* By W. H. WEBB, M.D., of Philadelphia.

THE following case of hysteria is presented to the notice of the profession for the purpose of showing how closely a serious organic disease of the spinal cord can be simulated by one of a functional character :—

Mrs. M., æt. 35, married when 14½ years old; menstruated for the first time two weeks after that event. Has had eight children and several miscarriages, the last of which was a produced abortion in March, 1873. Her constitution and general health have always been good. There was no hereditary tendency to disease, and her habits and mode of life have been somewhat luxurious.

During the latter part of the summer of 1873, she received a severe mental shock, of a domestic character, which deprived her of sleep for several nights, and was the cause of constant worry and anxiety for a considerable period of time thereafter. She now became morose, did not care to see any of her friends, and avoided society, of which heretofore she had been passionately fond. This melancholic condition continued until about October 1, 1873, when she experienced sharp, shooting pains over all the body, particularly in the back and limbs, together with a sense of fulness in the throat and a constant desire to vomit; she also had a feeling of constriction of the chest and abdomen. About the same time she noticed that her menses had ceased, which caused an increase of her sufferings, mental and physical; she then had shooting pain in the womb, with a very peculiar, indescribable feeling in that organ. The pain now became so violent in character, over the whole body, that she could not control herself; she then went to bed and placed herself under treatment, though she got up at times, dressed herself, and took a walk. This continued for about two months. About the middle of June, 1874, her arms became paralyzed, this additional trouble having been gradual in its progress; the severe shooting pain was now confined to the spinal column and lower limbs, continuing in severity for some months. At this time her sight became affected, black spots appearing before her constantly; and she insisted upon her room being kept dark.

I am indebted to her former physician for the following interesting notes of her case:—

"There was about all the symptoms, which were periodically intensified, a strong hysterical manifestation. The treatment was by anodynes and antiperiodics. Only temporary relief was obtained, and then only when under the direct influence of anodynes; the body of her uterus was somewhat sensitive to pressure, the os and cervix hypertrophied and ulcerated. The treatment of the uterine disease was in some degree satisfactory; notwithstanding which, the symptoms of pelvic pains and intense burning, with sharp pains extending along the spinal column and down the legs and arms, returned again with increased severity. Nothing but anodynes had any influence in relieving the pains, and only then when in large doses often repeated, the relief being of a very few hours' duration. Without any material abatement of the symptoms, the arms became jerking and the fingers somewhat stiffened, with loss of power in them. The lower extremities also lost power as well as sensation, besides which there was loss of control of the sphincter of the bladder. Although the urine did not flow continuously, it was voided unconsciously; this latter condition lasting a number of days. The paralytic symptoms came on in June, 1874. She remained in this condition until August, 1874, making little or no material improvement."

When I saw the patient, October 17, 1874, she was in bed lying upon her back, a position which she had occupied, more or less, for about six months; her arms were paralyzed, and with the utmost exertion on her part she could neither raise nor rotate them, nor move any of the fingers of either hand. She had full control of her lower limbs while in bed, moving them in any position that she desired, or in which she was directed to place them, but when taken out of bed and supported on both sides, it

was found that it was with extreme difficulty that she could walk, she would throw her limbs in a quick and forcible manner, and her feet would be raised some distance from the floor, and if she was deprived of support she would fall down. This inability to walk or stand was due more to the want of co-ordination of the muscles than to weakness; "her feet would not come down in the place she intended they should." There was loss of sensation in the limbs. She was anæmic and much emaciated, but her countenance was not indicative of much suffering, though she was constantly complaining of severe pain. The skin was dry, and had lost its elasticity; pulse 90, feeble and easily compressible; respiration 22; tongue covered with a thick, dark, brownish coat; appetite very poor; bowels constipated; urine of the sp. gr. 1020, and contained albumen, corresponding in quantity to "6. *Febly coagulable*," according to the phraseology recommended by Dr. Christison to express the proportions observed by the eye; temperature 100°. Her articulation was perfect, but her voice was considerably changed in character, and was what may be termed aphonic. Her mind had been clear during the whole time that she was a sufferer, and during all her illness she conducted, verbally, the affairs of her household, as well as giving instruction and advice to her husband in regard to his business matters.

The pain in the spinal column was increased on pressure, this being the case especially when made along the cervical and lumbar regions, but, if her mind was diverted, and the same amount of pressure used, she would not give the same evidence of pain as she would when her mind was dwelling upon her trouble. There was some swelling over both wrists, and also over the joints of several of her fingers, the œdema at times being red, and extremely painful on pressure, this not being the case in parts adjacent.

Diagnosis.—Hysteria. But was there not a serious complication? Did not progressive locomotor ataxia exist, for it has been stated that that disease has followed hysteria?¹ And surely here were the symptoms of Duchenne's disease: The full control of her lower limbs while recumbent, the characteristic walk, the inability to stand alone, the pain shooting down the limbs, the anæsthesia, the constriction of the chest and abdomen, the impairment of vision, and the incontinence of urine. In order to settle this point a consultation was had with Prof. Da Costa, who, after obtaining the history of the case, applied the "GaiFFE battery" to the various groups of muscles of the right arm. No response was obtained, and but slight tingling sensation was experienced by the patient. When applied to the left arm, only a slight muscular contraction was observed, and there was more sensation experienced than in the right arm. Partly in consequence of these results, not uncommon ones in old standing cases of hysterical paralysis; partly influenced by the general aspect of the case, Prof. Da Costa pronounced the disorder solely hysterical.

Treatment.—Tinct. ferri chloridi, ʒss; acid. muriatic. ʒij; aquæ, q. s. ft. ʒiij. Teaspoonful three times daily, to be taken in water. She was ordered to be rubbed with a dry coarse towel over the whole body daily, and also to be taken out of bed and made to walk her room several times every day. This was continued for about one month, when slight improvement was noticed; she was then ordered to take a carriage ride of two or three hours every other day, which was continued some six weeks, when

¹ Flint's Practice of Medicine, third edition, p. 675, 1868.

the weather became so inclement that the out-door exercise was abandoned. Improvement continued, and on January 25, 1875, there was evidence of the return of the menstrual function. This proof of the assurance that she would recover had quite a salutary effect upon the patient, for joviality soon took the place of moroseness. Feb. 13th, she had three convulsions, for the first time during her illness, and two on the following day; they were of short duration, and but a few minutes' interval elapsed between the attacks. She had full control of her arms during the paroxysms, and her fingers, which were heretofore contracted, could be readily straightened out. February 18th, menses returned and lasted about twelve hours. March 18th, menses returned and continued quite freely for two days. April 17th, menses returned and continued quite freely for three days, the patient suffering no pain, being quite cheerful, and gaining flesh. April 25th, has been suffering severe pain for the last two days in the abdomen, constricting in character, with a return of the shooting pain in the lower limbs, the latter not so severe as in the earlier history of the case. Appetite good; bowels regular. Has not been taking the iron mixture regularly.

June 21. Since the last notes of the case, the patient was obliged to visit Baltimore, Md., and while there she had two convulsions of short duration. There has not been any menstruation since April 17th. During her absence she has suffered considerably from pain throughout the whole body, though not so severe as formerly. Her visit to Baltimore being of a business character, her mind was in constant agitation during the time of her absence from this city, which was about four weeks. June 28th, catamenia returned, and for two days the flow was quite free, and was more natural in every particular than at any time since 1873. She is now free from pain; appetite very good; bowels regular; sleeps well, and is gaining flesh rapidly. Her walk is now perfect in every respect; she has full control of her arms, and as much power in them as ever, but her fingers are slightly contracted, and there is very little power in them. The dorsal and palmar aspects of both hands are somewhat contorted, due, probably, to contraction of the aponeurosis. There was no menstruation in July, but from the 14th to the 18th of August the flow was quite abundant. She now, September 18th, considers herself well, and in as good a state of health as ever, save the condition of her hands as above stated.

633 NORTH 16TH STREET.

ART. XIV.—*Two Cases of Excision of the Coccygeal Bones for Coccygodynia.* By GEO. A. MURSICK, M.D., of Nyack, N. Y.

THE number of cases on record of ablation of the coccygeal bones for the cure of coccygodynia are few, though the disease is of comparatively frequent occurrence. I have had occasion to resort to it twice, in otherwise incurable cases, with the following results:—

CASE I.—Miss W., aged 29 years, a strong built, muscular woman, fell, in March, 1872, from a chair upon which she was standing, to the floor, striking heavily upon her fundament. The contusion of the soft parts was quite severe, and the pain and soreness which followed confined her to the bed for several weeks, when it partially subsided. Since then her health has failed her, and she has lost flesh and strength.